

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

IA ETHICS AND  
CAMPAIGN DISCLOSURE

FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

2008 MAY 30 PM 4:29

COMMITTEE NAME (Must be same as on Statement of Organization)

Matt Pfaltzgraf for State Representative

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

## CANDIDATE COMMITTEES ONLY:

Candidate Name

Matt Pfaltzgraf

Political Party (if applicable)

Democratic

Office Sought

Iowa House

District (if Senate or House)

70

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE  
REPORT

For Office Use Only

Comm. #

1739

Logged In

Scanned

Computer

Audited

5 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

AM FILING A 5/30/08

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # ☐☐ CHECK IF AMENDMENT TO REPORT DATED

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County &amp; Local Committees, enter County in which Election is held

## STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

8,114.92

## ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

900.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

9,014.92

## SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

1,365.89

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

7,649.03

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

2,613.18

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

1,500.00

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

## CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Matt Pfaltzgraf for State Representative

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5/19/08	ID# CK#	Mona Bond 2818 W. 1st Street Ankeny, IA 50021		\$100	<input checked="" type="checkbox"/>
5/19/08	ID# CK#	Ray Blase		\$100(cash)	<input checked="" type="checkbox"/>
5/19/08	ID# CK#	Gary Netolicky 9244 NW 16th St Ankeny, IA 50023		\$100	<input checked="" type="checkbox"/>
5/19/08	ID# CK#	Dennis Adamson 405 NW Bramble RD Ankeny, IA 50023		100	<input checked="" type="checkbox"/>
5/19/08	ID# CK#	Jim Harkin 547 NE 9th St Ankeny, IA 50021		\$25	<input checked="" type="checkbox"/>
5/19/08	ID# CK#	John Scarpino 2721 NE Briarwood CT. Ankeny, IA 50021		\$50	<input checked="" type="checkbox"/>
5/20/08	ID# CK#	Molly Maguire		\$25	<input checked="" type="checkbox"/>
5/17/08	ID# CK#	Price Feland 215 3rd Street NE Washington, DC 20002		\$50	<input checked="" type="checkbox"/>
5/19/08	ID# CK#	Susan Nelson 114 s Ankeny Blvd Ankeny, IA 50021		\$100	<input checked="" type="checkbox"/>
5/19/08	ID# CK#	Mike Peterson 4238 Olive Street St. Louis, MO 63108		\$250	<input checked="" type="checkbox"/>

SUB-TOTAL

\$

TOTAL (If last page of this schedule)

\$

700

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_\_  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONEY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Matt Pfaltzgraf for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/21/08	ID# CK#	Hy Vee N Ankeny, BLVD Ankeny, IA 50021	Food and pop for small yard sign volunteers	\$ 28.63
5/21/08	ID# CK#	Cascy's S Ankeny, BLVD Ankeny, IA 50021	Gas for small and large yard sign truck	40
5/21/08	ID# CK# 1013	Carter Printing 1739 East Grand Ave Des Moines, IA 50309	10,000 political brochures	1241.26
5/22/08	ID# CK#	Hy Vee N Ankeny, BLVD Ankeny, IA 50021	Food and pop for large yard sign volunteers	31.84
5/23/08	ID# CK#	Burger King E 1st Street Ankeny, IA 50021	Lunch for additional small and large yard sign volunteers	12.30
	ID# CK#	Act 614C PO Box 382110 Cambridge, MA 02238	online contributions	11.86
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 1365.89

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(i).)

Page \_\_\_\_\_ of \_\_\_\_\_

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Matt Pfaltzgraf for State Representative

**NOTE:** Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

<b>SCHEDULE</b> <b>D</b> (Rev. 08/98)	<b>INCURRED</b> <b>INDEBTEDNESS</b>
<input type="checkbox"/> <b>CHECK THIS BOX</b> <b>IF AMENDING</b> <b>FORM</b>	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD**  
**(DO NOT INCLUDE LOANS – SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
5/20/08	Carter Printing 1739 East Grand Avenue DSM, IA 50309	10 Barn Signs 1000 Yard Signs 250 sign wires	\$ 2,613.18
SUB-TOTAL			\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 2,613.18

\*If actual figure is unknown, show "estimated" beside the figure.

Page \_\_\_\_\_ of \_\_\_\_\_  
(for Schedule D)**CANDIDATE COMMITTEES NOTE:**

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Matt Pfaltzgraf for State Representative

Reset Form

SCHEDULE <b>E</b> (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YYR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
5-18-08	Cindy Eischenauer 710 NW Ash Drive Ankeny, IA 50021		Noodle Zoo	\$ 1,500.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (If last page of this schedule)				\$ 1,500.00	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.